

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/868005
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	7		7			
2	1		1			
3	2		1			
4	3		1			
5	4		1			
6	5		1			
7	6		1			
8	7		1			
9	8		1			
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50						
TOTAL IND.		8	1	8		8
TOTAL DEP.						
TOTAL CLAIMS			9			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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BEST AVAILABLE COPY						
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100						
TOTAL IND.		8	1	8		8
TOTAL DEP.						
TOTAL CLAIMS		9				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS